



## LETTER TO THE EDITOR

### Early supported discharge schemes in older patients with an exacerbation of chronic obstructive pulmonary disease: A real life experience

Dear sir,

Chronic obstructive pulmonary disease (COPD) is the most common medical condition necessitating admission to hospital in the UK and has the highest prevalence in the elderly.<sup>1</sup> With an increasingly aged population, the number of older patients – across Europe and in countries with high COPD prevalence – admitted to hospital with an exacerbation is likely to lead to potential financial and bed occupancy concerns. Early supported discharge schemes – whereby patients admitted to hospital with an exacerbation are allowed home sooner than would normally be anticipated – have been shown to be feasible in selected patients in randomised controlled trials. However, few data have evaluated whether they can be successfully used in older patients in a “real-life” setting.

In Aberdeen Royal Infirmary, Scotland, UK, we run an early supported discharge service whereby agreeable patients (many of them elderly) admitted with an exacerbation of COPD are identified, treatment is optimised and discharge is arranged (usually within several days) with nurse led community follow-up (involving daily telephone calls or home visits) for up to 2 weeks.<sup>2</sup> Patients with adverse clinical features (e.g. a respiratory acidosis, confusion, extreme breathlessness, undiagnosed chest pain and significant concomitant medical disorders) and undesirable social circumstances (e.g. no telephone, inability to self-care or unfavourable domestic arrangements) are usually considered unsuitable to be entered into the scheme.

We performed a retrospective analysis of all patients who had been through our service aged  $\geq 65$  between 2002 and 2007. During this period, 528 different patients were identified and 925 early supported discharges took place. The mean age of patients, number of early supported discharge episodes and proportion of patients needing readmission for each year are shown in the table. All patients readmitted failed to adequately

recover from their exacerbation of COPD in the community and it was considered that further hospital input was necessary.

Year	Mean age	Number of early supported discharge episodes (different patients)	Number of all patients needing readmission within 2 weeks (%)
2002	74	144 (108)	8 (6%)
2003	74	129 (105)	14 (11%)
2004	74	133 (108)	5 (4%)
2005	75	162 (129)	8 (5%)
2006	73	164 (121)	5 (3%)
2007	75	193 (149)	12 (6%)

Our data demonstrate that older patients presenting to secondary care with an exacerbation of COPD can successfully be incorporated into early supported discharge schemes in “real-life” with a low and acceptable readmission rate. With an increasing aging population, it would seem reasonable that such schemes be more widely employed (both within the UK and beyond) and that greater emphasis made upon resources to implement them.

### Conflict of interest statement

None declared.

### References

1. Chronic obstructive pulmonary disease. National clinical guideline on management of chronic obstructive pulmonary disease in adults in primary and secondary care. *Thorax* 2004;**59**(Suppl. 1): 1–232.
2. Chetty M, Mackenzie M, Douglas JG, Currie GP. Immediate and early discharge for patients with chronic obstructive pulmonary disease: is there a role in “real-life”? *Int J Chron Obstruct Pulmon Dis* 2006;**1**:401–7.

David Miller\*  
J. Graham Douglas

Mary Strachan  
Jackie Fiddes  
Graeme P. Currie  
*Chest Clinic C, Aberdeen Royal Infirmary,  
Foresterhill Road, Aberdeen AB25 2ZN,  
Scotland, UK*

\* Corresponding author. Tel.: 01224 553342.  
*E-mail address:* [d.miller@nhs.net](mailto:d.miller@nhs.net) (D. Miller)

16 March 2009

Available online 08 July 2009